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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Thailand

The Executive Director recommends that the Executive Board approve the country programme of Thailand for the period 1994-1998 in the amount of $10,750,000 from general resources, subject to the availability of funds, and $12,250,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Thailand has industrialized rapidly over the last 30 years, with the per capita gross national product doubling in the last five years. Concurrently, substantial gains have been made towards achieving most of the goals for the 1990s for a majority of children in Thailand. However, during the transition, the disparities in wealth distribution are widening, the environment is being degraded and the number of children in difficult circumstances is growing. Almost 20 per cent of the country's 56 million people are estimated to live in absolute poverty, a proportion only marginally less than in 1980. Another 20 per cent of the population benefit from some 55 per cent of the national wealth. Two thirds of the population are located in rural areas, which, with their agriculture base, contribute only 15 per cent to the gross domestic product.

2. In the last three decades, the death rate of children under five years of age declined from 120 to 33 per 1,000 live births, while maternal mortality was reduced from 300 to 20 per 100,000 live births. Those successes are now threatened by the acquired immune deficiency syndrome (AIDS). By the year 2000, AIDS may cause the child death rate to be higher than it was in 1990, and it may become the major cause of death for women of child-bearing age. Around 350,000 to 500,000 persons were estimated to be infected by the human immunodeficiency virus (HIV) by the end of 1992, and there may be as many as 4 million HIV-infected persons by the year 2000. A UNICEF-sponsored study indicates that some 90,000 children may be orphaned by the year 2000. The number of HIV-infected children is rising, with around 4,000 cumulative cases projected in 1993. The Government has adopted an enlightened approach to the problem and collaborates with a number of non-governmental organizations (NGOs) and external agencies, including UNICEF. High priority is given to the control of AIDS with a government budget allocation of $45 million, four times that of 1992.

3. In contrast to AIDS, higher rates of child deaths due to more familiar causes are confined to "pockets" and linked to poverty in the extreme south, the north-east, the north, particularly in hill tribe groups, and among the urban poor, especially in Bangkok. Major causes of child death include acute respiratory infections (ARI) and intestinal infections. ARI is the leading cause of deaths from infectious diseases in young children.

4. Malnutrition among children under five years of age was reduced from 36 per cent in 1982 to 22 per cent in 1987. This impressive trend has continued since 1987, the result of several factors, including sound policies on poverty alleviation; community-based and community empowering programmes; a solid base of well-trained senior staff; and the establishment and use of nutrition information systems, including growth monitoring and surveillance. However, micronutrient deficiencies persist. Over one half of Thailand's population is believed to suffer from iodine deficiency. National surveys of iodine deficiency disorders (IDD) in selected districts between 1989 and 1991 have revealed goitre prevalence rates between 4 and 33 per cent. Iron deficiency anaemia affects about one in five pregnant women and schoolchildren, and vitamin A deficiency affects around 1 per cent of all pre-school children, especially those living in the north and north-east. The practice of

breast-feeding was declining steadily from 1975 to 1982, but has since stabilized. At present, fewer than 4 per cent of all infants are breast-fed exclusively for the first four months of life, and only 34 per cent continue to be breast-fed for up to 12 months.

5. Access to drinking water and sanitation increased rapidly from about 40 per cent of the population in 1980 to over 75 per cent in 1992. Still, diarrhoea remains an important cause of illness among young children, mainly due to unhygienic food preparation practices, low rates of exclusive breast-feeding and use of unclean water. According to a national control of diarrhoeal diseases (CDD) survey, 65 per cent of all households use oral rehydration therapy (ORT) and almost 80 per cent of mothers continued breast-feeding during diarrhoea episodes. Although over 80 per cent of households have access to packets of oral rehydration salts, only 25 per cent use them.

6. Thailand has made major advances in increasing access to basic education. Both female and male literacy rates are above 90 per cent. According to the Ministry of Education, the 1992 gross enrolment in primary education was 96 per cent. However, 15 per cent of students drop out before completing primary school, the majority of drop-outs being from ethnic minorities and the poor. The gross secondary enrolment has increased rapidly during the last few years, with 68 per cent enrolled in 1993.

7. Little gender inequality exists in child mortality, primary school enrolment and literacy. The average family size is 2.5 children, one third of the average size in 1960. This sharp decline is due mostly to the positive acceptance of contraception. Although the society has relatively fewer children to care for, mothers have had to assume greater child-care responsibilities, particularly in the one quarter of households headed by women. While civil servants now get paid maternity leave for three months and about 40 per cent of pre-school-age children attend day-care facilities, most mothers working outside the home still have to leave their pre-school-age children with poorly qualified caregivers.

8. From among the 10 million children between 10 and 18 years of age, some 500,000 are estimated to live in difficult circumstances, the majority being child labourers. Others have been forced into prostitution, live in the streets or have been abused or abandoned. Their number has grown owing to persistent poverty and growing urbanization. The Government recognizes child prostitution as a major problem and has vowed to eliminate it.

PROGRAMME COOPERATION, 1989-1993

9. UNICEF cooperation in Thailand has been closely associated with many of the country's most notable successes in child survival, development and protection: continued reduction of infant and child mortality and morbidity; universal child immunization (UCI) achieved by 1990 and sustained since then; substantial reduction of malnutrition through growth monitoring and nutrition interventions; and excellent progress in providing access to education for all.

10. UNICEF cooperation has been characterized by a flexible response to the rapidly changing environment of children and by a number of innovations in national plans and budget allocations. For example, the UNICEF-supported AIDS education project for schools was the first of its kind in Thailand, resulting in the integration of AIDS information in the curricula.

11. Over the last five years, sustained UCI rates and improved disease surveillance have led to a twentyfold decrease in polio incidence rates, and deaths from neonatal tetanus have decreased from 13 to 3 per 100,000 live births. Since 1984, there has been a fourfold decrease in the number of deaths from measles and a threefold decrease in the number of cases of measles. The Government has financed most of the expanded programme on immunization (EPI), and Thailand is now virtually self-sufficient in vaccine production. UNICEF supported advocacy, social mobilization, capacity-building, cold-chain management and national coverage surveys.

12. Since 1980, the Government has invested heavily in improving water supplies and sanitation in both rural and urban areas. UNICEF assistance to rural water supply and sanitation was directed to areas with a high incidence of diarrhoea as part of the integrated area-based programme. Emphasis was placed on health education for 65,000 village health workers (VHWs) and 200,000 village health communicators, combined with training of health staff in case management and the establishment of oral rehydration units in health facilities.

13. By 1993, all health workers had been trained in standard ARI case management and referral to health facilities, and provincial and district health officials were trained in planning, monitoring and supervision with UNICEF assistance. Since 1987, the ARI mortality rate has declined by 5 per cent, but the case fatality rates have not declined much. This lack of progress led to an assessment in 1993 which revealed that while ARI-related knowledge had increased among VHWs, more on-the-job supervision and training were needed to improve correct case management among health workers. Parents also needed to recognize the symptoms of ARI.

14. Growth monitoring and promotion have been successful in reducing protein-energy malnutrition during the 1980s and is now fully financed by the Government. An evaluation in 1991 led to a new emphasis on the poorest groups, including those in urban areas. UNICEF-supported assessments of the prevalence and gravity of micronutrient deficiencies helped raise awareness of these problems, resulting in a considerable increase in the government budget allocation for IDD. The reduction of micronutrient deficiencies became a higher priority in the national development plan for the 1992-1996 period.

15. Prior to 1992, UNICEF support to breast-feeding was limited to health education. Following the mid-term review, the Government and UNICEF adopted the Baby-friendly Hospital Initiative to encourage breast-feeding and to discourage the use of breast milk substitutes in hospitals. By early 1994, 100 hospitals had been declared baby-friendly, with one province having achieved baby-friendly status for all its government hospitals. In June 1993, the distribution of free and subsidized breast milk substitutes to all hospitals was banned. However, compliance is weak, and the marketing code is currently being strengthened.

16. Based on the emerging challenges of AIDS, the Government and UNICEF decided during the mid-term review to give priority to this problem, with greater focus on public health communication for youth, women and children, counselling, services for sexually transmitted diseases and interventions within communities, schools and factories. Innovative approaches were developed in cooperation with NGOs to reach areas and groups not yet covered by other programmes.

17. A pilot project was carried out by the Department of Pediatrics, Mahidol University, in 190 underprivileged communities in 15 provinces to promote integrated early childhood care and development for 3,000 children. Health workers and non-formal education teachers advised parents and caregivers about child health and nutrition, development and early childhood care and stimulation. Schoolteachers trained young persons both in and out of school about life skills, including child care. An evaluation has shown a positive impact for the children. However, to have an impact on nutritional status, the child's intelligence and school readiness, more inputs and longer duration are needed.

18. Basic education was provided to disadvantaged school-age children, school drop-outs, Muslim girls in the south of the country, school students on welfare and out-of-school adolescent girls. Schoolteachers and non-formal education instructors developed new approaches to make it possible for those children to attain and sustain basic literacy and vocational skills. Health and agriculture staff cooperated by assessing children's learning needs and providing vocational training. Poor out-of-school children could earn some money while improving their literacy through revolving credit systems. Supplementary reading materials such as Facts for Life were used extensively.

19. A UNICEF-sponsored research study in 1991 on disadvantaged children and youth done by the Chulalongkorn University, followed by a national conference, provided an opportunity to raise awareness about children in especially difficult circumstances - child labourers, street children, child prostitutes and abandoned children. The concern of many institutions and NGOs helped to generate a "critical mass" of political will to establish improved child protection policies and laws, including an amendment to the criminal code and the 1992 Labour Protection Act.

20. The integrated basic services programme focused on developing models for services for such groups as hill tribes in least developed areas. District-level planning and management were initiated in poor villages in 100 communities in six northern and north-eastern communities or villages. A key lesson was that the provision of services was of greatest benefit to the poorest families, whereas it was the relatively better-off who gained most from revolving funds for income generation and food production. Another lesson was the need to monitor the situation of children and women regularly.

21. The women's programme established and reinforced women's cooperative committees, with support to savings and credit schemes, village-level planning, family planning and family health services for 31,000 poor and marginalized women in 1,400 less developed districts. Sharing experiences among women's groups has been facilitated through the National Women's Commission.

22. The Public Relations Department of the Prime Minister's Office has cooperated with UNICEF to increase media attention to issues of child survival, development and protection. The purpose was to build sustainable media networks for children in the underprivileged regions of the north, north-east and south and to develop appropriate child survival and development messages. Over 200 radio and television scriptwriters and producers were trained and are now working in those areas.

23. In 1993, the Government's well-established planning capacities, coordinated by the Prime Minister's Office, joined sectoral ministries and departments with universities and NGOs to form intersectoral task forces to prepare the new country programme. The situation analysis of children and women in Thailand was used, through a series of task force meetings culminating in a national conference, to secure broad-based government commitment for the achievement by 1995 of 10 mid-decade goals related to child health and nutrition. The subsequent programme review meeting focused on child development and protection issues for the five-year cycle.

24. Lessons that emerged from the 1989-1993 period of cooperation have been applied to the new country programme. They indicate that while UNICEF assistance to service delivery is necessary only to fill clearly identified gaps on a short-term basis, a clearer role for UNICEF in Thailand is in the area of advocacy with the Government and mobilization of partners, including NGOs and the private sector. With its relatively limited resources, UNICEF can be most effective in the collection, analysis and use of information on children, with emphasis on advocacy, policy formulation and social mobilization towards the goals for children. UNICEF also can facilitate the development of appropriate strategies through support to innovative approaches and ideas and sharing of experience among local and national government agencies and NGOs.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

General resources: $10,750,000
Supplementary funding: $12,250,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources b/	Supplementary funds c/	Total
Health	1 710	1 300	3 010
Nutrition	1 800	1 700	3 500
Basic education	720	1 400	2 120
Children in especially difficult circumstances	750	2 800	3 550
HIV/AIDS	1 000	5 050	6 050
Monitoring and evaluation	1 150	-	1 150
Planning and advocacy	750	-	750
Programme support	2 870	-	2 870
Total	10 750	12 250	23 000

a/ The breakdown for estimated yearly expenditure is given in table 3.

b/ Includes $600,000 already approved by the Executive Board (E/ICEF/1993/P/L.34).

c/ Available supplementary funds are shown separately in table 3.

National goals for children

25. The national programme of action for children aims at achieving the following goals between 1990 and 2000: (a) to reduce the infant mortality rate from 27 to fewer than 17 per 1,000 live births; (b) to reduce the maternal mortality rate from 20 to 10 per 100,000 live births; (c) to reduce severe and moderate malnutrition among children under five years of age from 1.15 per cent in 1990 to 0.5 per cent; (d) to increase access to clean drinking water and sanitary latrines from 75 to 100 per cent; (e) to increase completion of basic primary education from 80 to 98 per cent; (f) to expand early childhood care and development of the three- to five-year-olds from 47 to 100 per cent; (g) to

reduce adult illiteracy from 6 per cent in 1990 to less than 3 per cent; and (h) to improve the protection of children in especially difficult circumstances.

26. Thailand also has adopted the following mid-decade goals to be achieved by 1995: (a) to increase immunization coverage of children under one year of age and pregnant mothers to 90 per cent, to eliminate poliomyelitis and neonatal tetanus and to reduce measles cases and deaths by 90 per cent and 95 per cent, respectively; (b) to reduce diarrhoea incidence among children under five years of age by 25 per cent and deaths due to diarrhoea by 50 per cent; (c) to reduce by one third the deaths due to ARI among children under five years of age; (d) to eliminate IDD and vitamin A deficiency; (e) to reduce iron deficiency anaemia in pregnant women by one third; (f) to increase the proportion of infants that are exclusively breast-fed from between 1 and 4 per cent in 1990 to 30 per cent, in addition to making all hospitals baby-friendly by 1995. The mid-decade goals in water supply and sanitation and education have been virtually achieved.

27. The Government/UNICEF programme of cooperation is intended to contribute to the achievement of Thailand's national goals for children. The programme (a) addresses the issues of disparity reduction by strengthening the delivery of basic services to disadvantaged communities; (b) builds further on the well-established system of government in the social sector at all levels; (c) facilitates planning, data gathering, analysis, documentation, operations research and evaluation for practical lessons; and (d) promotes public awareness and education for the protection of children in difficult circumstances and the prevention of HIV/AIDS. With this catalytic role, Thailand is expected to achieve all of the stated mid-decade goals by 1995 and to be well prepared by the end of the programme cycle in 1998 to move rapidly towards achieving the goals for children by the year 2000.

Programme strategies

28. Four basic, interlinked strategies apply to all planned activities and are consistent with the United Nations system country strategy for Thailand.

Reducing disparities by empowering the underserved

29. In line with the national programme of action for children, the focus will be on reaching the 20 per cent of children who belong to least-served groups and live in geographic areas where the problems are most severe - the population in the north-east, hill tribes and border populations in the north, Muslim communities in the south and migrants and slum dwellers in Bangkok and other urban areas. The focus will be not only on providing additional services, but also on empowering disadvantaged groups, especially women and children in especially difficult circumstances, to take control of those factors that affect them and their children directly.

Building capacities in order to sustain successes and reduce disparities

30. Considerable progress already has been made on the 27 goals for children in the 1990s. Building on the substantial existing capacities in both public and private sectors and at national and subnational levels, the strategy will be to invest further in Thailand's human resources, institutions, health systems and legal frameworks for those children who are hard to reach. Additional resources

will be needed and must be found principally within Thailand from government budgets and NGOs, and increasingly from the private sector and the communities themselves.

Working together to achieve the goals

31. The Prime Minister's Office and the task forces that have developed this country programme will continue to coordinate government organizations and NGOs in its implementation. All provinces and municipalities will establish similar coordinating bodies to set targets for each year's achievement of the goals. District and subdistrict officials, together with local networks, including religious leaders and such community-based organizations as NGOs, women's committees and village committees, will focus on social mobilization and service delivery to implement the programmes at the community level. Mass media, especially television and radio, which reach over 85 per cent of the population, will promote action for the goals.

Learning lessons

32. Implementing agencies and universities will document the information and lessons that have been learned through studies and monitoring and evaluation of actions taken for child survival, development and protection. This information will be utilized to influence decision-making and policy formulation at all levels.

33. The following five programmes will provide direct support to the achievement of the 1990s goals for children: health; nutrition; basic education; children in especially difficult circumstances; and HIV/AIDS. Two supporting programmes - planning and advocacy, monitoring and evaluation - have been designed to analyse and use the experiences gained during implementation, operational research and evaluations to improve coordination and information exchange. They will reinforce the other five programmes in reaching their objectives.

34. The limited resources of UNICEF will be used mainly to support the development and testing of innovative approaches and sustainable models, upgrading of capacity through seminars and workshops, social mobilization, networking for children and sharing of experiences locally, nationally and internationally. Emphasis will be placed on the health and nutrition programmes during 1994 and 1995 in order to support Thailand's achievement of its mid-decade goals. During those first two years, a foundation will be laid to achieve programme objectives in the areas of HIV/AIDS, basic education and children in especially difficult circumstances, building on the lessons learned and the successful work begun during the previous programme cycle. These programme areas will receive relatively greater attention during the 1996-1998 period.

The country programme of cooperation

35. The programme for planning and advocacy will emphasize planning for children, so that they receive first priority in all policies, services and family practices in Thailand. The programme will support the achievement of the 10 mid-decade goals and 27 World Summit goals for children. A major activity is

to strengthen the capacities of the Government and further empower civil society to plan and advocate for children.

36. UNICEF will facilitate the establishment of a National Commission for Child Development to focus high-level attention further on children's issues. Planners in the Government and NGOs will be trained to use more effectively key monitoring reports, evaluation results, costing assessments and operational research to generate increased resource allocations for the goals for children. Private enterprise and business associations will be mobilized to contribute funds and expertise to national and local children's programmes, both directly and through UNICEF. Successes and innovative approaches will be documented and shared both within Thailand and with other countries in Asia as a way of promoting Thailand's considerable expertise through technical cooperation among developing countries. In early 1994, all provincial governors, city mayors and the Thai Red Cross leaders will convene a series of meetings to share experiences and to plan for provincial, district and municipal plans of action on the mid-decade and decade goals.

Health

37. The programme will focus on a more equitable nationwide coverage of EPI, ARI and CDD services so that disadvantaged children in underserved groups in the north, the north-east, the south and in urban areas will be reached. Village women's committees, religious leaders, health volunteers and communicators will mobilize all families to demand and use health services for their children. Thailand's well-developed primary health care system will be the primary vehicle to respond to the increased demand for and delivery of services.

38. The EPI effort will focus on increasing coverage in underserved provinces and unreached "pockets", particularly migrant groups, through mass immunization campaigns and social mobilization to increase demand. All traditional birth attendants will be trained in these provinces to ensure clean delivery to reduce the risk of neonatal tetanus. For the whole country, health staff in the 76 provinces will be trained in improved disease surveillance for poliomyelitis, neonatal tetanus and measles. The routine monitoring system will be strengthened at district and provincial levels.

39. Effective CDD depends mainly on child caretakers taking appropriate action. The aim of increasing the use of ORT to 80 per cent of diarrhoeal cases will thus be addressed by reaching almost all families and health facilities with the knowledge and skills to apply correct case management. Parents will learn from women's committees, village leaders, health volunteers and NGOs about the importance of ORT and continued feeding and of improving such hygiene practices as hand-washing, the use of clean drinking water and safe disposal of excreta. Radio and television communication and "child health days" will reinforce the training. The network of rehydration units in health facilities will be sustained and expanded in the southern and coastal provinces, where the incidence of diarrhoeal disease is highest.

40. Health promotion and service delivery for CDD and ARI will be integrated at the community level. The main strategy to control ARI is to empower families to identify the early signs of pneumonia and to take action on timely referral. The focus in 1994 and 1995 will be on the training and retraining of about

12,000 health volunteers on how to assist and train parents. UNICEF will support the establishment of 10 regional units for ARI therapy and training in high-risk areas in the south. A research study will be carried out to identify those risk factors and to develop appropriate strategies for the areas. Around 3,000 government health staff and 4,000 private doctors and pharmacists in 14 provinces will be trained on correct case management and the appropriate use of drugs.

Nutrition

41. This programme will focus on decreasing the percentage of children and mothers who have an inadequate intake of essential micronutrients and on increasing rates of breast-feeding. IDD will be virtually eliminated through the iodization of all salt. The Ministry of Commerce will train local salt producers on how to iodize salt, and the Food and Drug Administration Division will monitor correct salt iodine levels. The Ministry of Public Health will monitor that salt producers follow the 1993 regulation that all salt be iodized and will also create awareness of the need to consume iodized salt among at least 95 per cent of the population. Initially, iodized oil supplementation will be given in a few high-risk areas.

42. The extent of the problem of vitamin A deficiency will be identified in high-risk "pocket" areas in five southern provinces and in the north and the north-east. All health staff and volunteers in those locations will be trained on how to prevent vitamin A deficiency through appropriate dietary habits and also to plan health education programmes in their communities. Nutrition media campaigns and model home-gardening will be used to reinforce the impact of the training. Vitamin A capsules will be distributed during EPI and growth monitoring sessions to all children in the high-risk areas and to all malnourished children countrywide.

43. Exclusive breast-feeding of infants during the first four months of life will be increased from 4 per cent in 1992 to 30 per cent by 1995. To achieve this, all 766 government hospitals will be made baby-friendly. The ban on free and subsidized distribution of infant formula in hospitals will be enforced. Public and private sector support will be mobilized to enable 70 per cent of all women to breast-feed. "Mother-friendly" workplaces also will be promoted.

44. In order to support the national goal of reducing the incidence of iron deficiency anaemia among pregnant and lactating women from 20 per cent in 1990 to 13 per cent by 1995 and 10 per cent by 1998, daily supplementation of iron capsules will be provided for at least four months to 80 per cent of all pregnant women by 1995 and to 100 per cent by 1998. The women will be reached during antenatal care sessions. The long-term strategy will be to raise public awareness of specific locally available foods. This will be done by carrying out operational research on local iron-rich food and food traditions and by subsequently involving teachers, health staff volunteers and Buddhist monks to promote the consumption of iron-rich foods. In the south, where hookworm infestation is a major cause of iron deficiency, the same communicators will be trained to promote sanitary and hygienic habits as well.

Basic education

45. The basic education programme will focus on advocacy and support to develop and promote innovative educational strategies to reach disadvantaged children in 217 communities in the most deprived rural and urban districts of 16 northern and north-eastern provinces. Two closely linked thrusts will be implemented: early childhood care and development and basic education for disadvantaged groups. With over 80 per cent of children completing primary school, there is now a need to focus on the relevance of basic education and on the preparation of pre-school-age children in order to achieve high-quality primary education and to further reduce drop-out rates in the first years of primary school.

46. Early childhood care and development will improve the quality of basic education by enhancing the physical and intellectual potential of three- to five-year-old children. Activities will be coordinated by government organizations and NGOs. Village child development committees will determine what kind of early childhood care and development and basic life skills should be developed in their villages. The activities are community-based and include parents' education for improving care and interaction with their children, enriching the home environment and promoting the use of health, nutrition (particularly growth monitoring) and education services. Community-selected child attendants will assist in coordinating the activities, training parents and creating favourable learning environments. About 20,000 children and their parents will be reached, and about 2,000 child monitors will be trained to monitor the situation of disadvantaged children and child rights in villages by covering 10 to 20 families each.

47. Formal and non-formal education activities will be linked through the project for basic education for disadvantaged groups. The aim is to increase the relevance of basic education for underprivileged children by including life skills and child rights in the curricula. Models will be tested in a pilot project covering 6,000 children before being considered for national policy for replication nationwide. Studies will be carried out to improve education management and to identify special approaches for children who have learning difficulties, mild disorders and disabilities.

Children in especially difficult circumstances

48. The programme for children in especially difficult circumstances will address the problems of children who are forced into prostitution or who are economically exploited and abused through child labour. Support will be provided for advocacy and social mobilization related to implementation of the Convention on the Rights of the Child. For example, the prevention of child prostitution will be based on information, education and communication to raise public awareness and increase public demand for the cessation of child labour and to alert children themselves, the potential victims, about the implications of their actions. Preventing and reducing child prostitution will focus on poverty and values within communities and on the enforcement of laws against procurers, service establishments and clients of child prostitutes. Relevant NGOs and government staff, particularly the Bangkok Metropolitan Administration and municipalities, will be trained on ways to prevent and detect child prostitution and to protect and rehabilitate children rescued from prostitution. Community leaders and women committee members will become "child-watch"

volunteers to monitor the situation of children in difficult circumstances. The Government will undertake training in appropriate occupational skills to help children who escape from prostitution with rehabilitation and alternative, safe job opportunities.

49. The nature and extent of child labour will be surveyed. This problem appears to be on the rise despite adequate legislation. The Government, UNICEF, the International Labour Organization, employers' organizations, educators and NGOs will form a strong partnership for this effort. Since most child labourers come from poor urban families, which depend partly on the children's income, a family-based approach justifying the value of education will be used to convince parents to allow the children to attend school. Major objectives are to raise the minimum employment age from 13 years to 15 years and to rescue children from hazardous and exploitative working conditions. An important strategy is to empower child workers to be able to protect themselves by raising their awareness of the risks and hazards involved in employment in cities.

50. A major constraint in addressing the problems of children in especially difficult circumstances is the lack of reliable qualitative and quantitative information. Therefore, monitoring systems and indicators will be developed for each of the major groups of children at risk. Policy studies will analyse key issues in depth to promote improved policies and laws which should generate more public support and personal and community action to eliminate child exploitation.

Human immunodeficiency virus/acquired immune deficiency syndrome

51. The HIV/AIDS programme will focus on the prevention of HIV transmission among young people and women of child-bearing age and the promotion of home- and community-based approaches to care for HIV-infected individuals and their families. Through collaboration among NGOs, the Government and other allies, the programme will focus research on young peoples' attitudes, beliefs and behaviour to develop appropriate education and motivational approaches, monitor the progress of behaviour changes in communities and apply the lessons learned. To do this, the capacities of local NGOs will be strengthened and networks will be formed to share experiences.

52. The programme is intended to reach all 19 million children and young persons between 6 and 19 years of age. HIV/AIDS education efforts will target all students in primary, secondary and vocational schools and non-formal education groups. By 1995, life skills modules will be introduced into the school curricula and, by 1998, will be taught in all schools. In cooperation with the private sector, the Ministry of Labour and Social Welfare will establish local resource centres to promote AIDS education in the workplace, especially for out-of-school youth.

53. Thailand has a large and growing NGO community, but only a few NGOs are active in AIDS prevention. The Government and UNICEF will work with over 250 NGOs to sensitize and orient their leaders. A major aim is to increase rapidly the number of NGOs involved with HIV/AIDS prevention, as well as to enhance their skills in planning, implementing and monitoring appropriate, community-based activities. NGOs will help reach communities that are isolated geographically or socially. These include hill tribes, slums, street children

and children forced into prostitution. The major activities will include needs assessments, training of NGO and government staff, training of peer educators and preparation of appropriate communication materials on AIDS prevention.

Planning, monitoring and evaluation

54. Monitoring and evaluation of the status of children will be coordinated by the National Youth Bureau of the Prime Minister's Office in conjunction with sectoral ministries and NGOs. Every six months a report will be presented to the Prime Minister on progress towards the goals of the year 2000, with emphasis on the mid-decade goals during the 1994-1995 period. The Prime Minister's Office will closely monitor progress and will issue guidelines on revised policies and courses of action, when necessary. The National Youth Bureau will prepare an annual report on the state of Thailand's children.

55. While some baseline data and process and impact indicators have already been established, all remaining indicators will be established by 1994 for all projects. These indicators will be monitored through routinely reported data, cluster surveys and sentinel surveillance to verify the data. Surveys will be used to monitor changes in knowledge, attitudes and practices. Evaluations will verify whether the intended outcomes and impact have been achieved. A detailed plan for monitoring, evaluation and operational research activities has been prepared for the five-year period, including an assessment of Thailand's progress in achieving the mid-decade goals. In addition to annual reviews, a mid-term review of the country programme will take place in 1996, and a full evaluation will take place in 1998.

56. Districts in especially underserved rural and urban areas will be selected, where the local government, supported by operational research units from the university system, will work together with communities. The problems and successes of these subdistricts in achieving their goals for children will be shared widely.

Programme management

57. At the national level, the Prime Minister's Office and concerned ministries will coordinate their work to implement this programme nationwide through a steering committee and specific task forces to establish policies, issue guidelines for implementation and monitor that programme objectives are achieved. Provincial governors, city mayors and district and subdistrict leaders, as well as sectoral government staff, will implement and monitor the projects at the village level, together with community-based committees and local NGOs.

58. The Thailand country programme is managed by the Bangkok-based UNICEF Area Office for the Democratic People's Republic of Korea, Malaysia and Thailand, which was separated administratively from the Regional Office for East Asia and the Pacific in 1993. Some area office staff, including the area representative and the operations personnel, serve all three country programmes. Seventeen staff, including Thai nationals (see table 4), serve the Thailand country programme exclusively. The existing staff strength for the 1994-1995 biennium is expected to remain at the current level during the next programme cycle.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Thailand	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	33	(1992)	Middle U5MR
Infant mortality rate	27	(1992)	Middle IMR
GNP per capita	$ 1570	(1991)	Lower-middle GNP
Total population	56.1 Million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	1377	1277	1191	1176
Infant deaths (under 1)	(thousands)	103	60	36	32
Under-five deaths	(thousands)	143	77	43	39
Under-five mortality rate (per 1,000 live births)		104	61	36	33
Infant mortality rate (under 1) (per 1,000 live births)		75	47	30	27

		About 1980	Most recent
Underweight children (under 5)	Moderate & Severe	..	26 a/
(% weight for age, 1987)	Severe	..	4 a/
Babies with low birth weight (%, 1979/1990)		13	13
% of primary school children reaching final grade, 1988)		..	59

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breastfeeding rate (<4 mos.) (%, 1987)	..	4
Timely complementary feeding rate (6-9 mos.) (%, 1987)	..	69
Continued breastfeeding rate (20-23 mos.) (%, 1987)	..	34
Prevalence of wasting (%, 1978/1987)	18	10
Prevalence of stunting (%, 1980/1987)	51	28 b/
Daily per capita calorie supply (% of requirements, 1979-81/1990)	104	103
Total goitre rate (1991)	..	12
Household expenditure All food/cereals (% of total income, 1980-85)	..	30/ 7

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	65
Access to health services	Total	52	90
(% of population1980/1988)	Urban/rural	89 / 44	90 / 90
Access to safe water	Total	43*	77
(% of population, 1980/1991)	Urban/rural	50*/ 41*	87 / 72
Access to adequate sanitation	Total	46	74
(% of population, 1980/1991)	Urban/rural	64 / 41	80 / 72
Births attended by trained personnel (%, 1980/1988)		40	71
Maternal mortality rate (per 100,000 live births, 1985)		..	50

Immunization		1981	1985	1990	1992
One-year olds (%) immunized against:	Tuberculosis	71	80	99	99
	DPT	52	62	92	85
	Polio	22	61	92	84
	Measles	..	26	80	74
Pregnant women (%) immunized against:	Tetanus	27	45	..	72

* UNICEF field office source. a/ aged 3-36 mos. b/ aged 24-35 mos.

TABLE 1 (continued)

Thailand

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	94 / ..	85 / ..
(%, 1980/1990)	Male	100 / ..	86 / ..
	Female	97 / ..	85 / ..
Secondary enrolment ratio (gross/net)	Total	29 / ..	32 / ..
(%, 1980/1990)	Male	30 / ..	33 / ..
	Female	28 / ..	32 / ..
Adult literacy rate, 15 years & older	Total	79	93
(%, 1970/1990)	Male/female	86 / 72	96 / 90
Radio/television sets (per 1,000 population, 1980/1990)		127 / 21	185 /112

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(Millions)	36	47	55	56	61
Population aged 0-15 years	(Millions)	17	20	19	18	17
Population aged 0-4 years	(Thousands)	6468	6344	5584	5563	5030
Urban population (% of total)		13	17	22	24	29
Life expectancy at birth	Total	58	63	68	69	71
(years)	Male	56	61	66	67	69
	Female	60	65	71	72	74
Total fertility rate		5.6	3.6	2.4	2.2	1.9
Crude birth rate (per 1,000 population)		38	28	22	21	17
Crude death rate (per 1,000 population)		10	8	6	6	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1987)		53	66
Population annual growth rate	Total	2.8	1.5
(%, 1965-80/1980-92)	Urban	4.7	4.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		4.4	5.9
Inflation rate (%, 1965-80,'1980-91)		7	4
Population in absolute poverty (%, 1977/1989)	Urban/rural	15 / 34	10*/ 25*
Household income share (%, 1976/1988)	Top 20%/bottom 40%	50 / 15	51 / 16
Government expenditure	Health/education	4 / 20	7 / 20
(% of total expenditure, 1980/1991)	Defence	22	17
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	5 / 5
Official development assistance:	$US millions	418	738
(1980/1991)	As % of GNP	1	1
Debt service (% of goods and services exports, 1980/1991)		5	5

* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

COUNTRY: THAILAND
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $14 000 000

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1993 a/

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1 742	1 341	1 290	675	6	1	1 033	1 071	4 071	3 565	3 088	1 530	7 159	5 095
Nutrition	311	89	339	6			1 607	212	2 257	1 750	307	359	2 564	2 109
Rural water supply and sanitation	76	3	152	148			341	407	569	750	538	600	1 127	1 350
Education	267	340	58	33			1 633	564	1 958	2 375	937	2 620	2 895	4 995
Urban, community organization and development	113	155	154	322			283	582	550	1 206	1 059	1 424	1 609	2 630
Environment										200		300		500
Basic services for deprived children										1 304		2 016		3 320
Women	6		12	6			262	230	280	501	236	608	516	1 109
Childhood disabilities, street children and data base on children and youth	127	45	39	198			150	1 336	316	570	1 579	1 040	1 895	1 610
Communications	39		67				82		188	264			188	264
Planning, programme support, monitoring/ evaluation and freight	289	35	61	4	977	57	1 100		2 427	1 515	96		2 523	1 515
GRAND TOTAL	2 970	2 008	2 172	1 392	983	58	6 491	4 402	12 616	14 000 b/	7 860	10 497 c/	20 476	24 497

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including additional general resources $1 500 000 (E/ICEF/1993/P/L.26).
c/ Of this amount, $2 875 693 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: THAILAND **Period covered: 1994 - 1998**	**Funding status**	**1994**	**1995**	**1996**	**1997**	**1998**	**Total**
Health	GR	650	600	250	160	50	1 710
	FSF	700					700
	NSF	400	300	200	200	200	1 300
Nutrition	GR	630	700	250	170	50	1 800
	FSF	133					133
	NSF	400	500	300	250	250	1 700
Basic education	GR	150	150	150	120	150	720
	FSF	256					256
	NSF	250	250	300	300	300	1 400
Children in especially difficult circumstances	GR	150	150	150	150	150	750
	NSF	600	600	500	550	550	2 800
HIV/AIDS	GR	200	200	200	200	200	1 000
	NSF	1 100	1 100	900	1 000	950	5 050
Planning and advocacy	GR	150	150	150	150	150	750
Monitoring and evaluation	GR	200	200	250	250	250	1 150
Programme support	GR	620	600	600	550	500	2 870
TOTAL	GR	2 750	2 750	2 000	1 750	1 500	10 750
	FSF	1 089					1 089
	NSF	2 750	2 750	2 200	2 300	2 250	12 250
GRAND TOTAL		6 589	5 500	4 200	4 050	3 750	24 089

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

THAILAND

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994-1998 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	PSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1710			1710								1	1	2		523	523
Nutrition	1800			1800					1		1		1	2	562	132	694
Basic educatica	720			720								1	1	2		523	523
Children in expecially difficult circumstances	750			750								1	1	2		523	523
HIV/AIDS	1000			1000				1			1		1	2	630	132	762
Planning and advocacy	750			750													
Monitoring and evaluation	1150			1150													
Programme support	2870			2870				2			2	1	5	8	1260	1052	2312
TOTAL GR	10750			10750				3	1		4	4	10	18	2452	2885	5337
SUPPLEMENTARY FUNDING																	
Health		700	1300	2000													
Nutrition		133	1700	1833													
Basic education		256	1400	1656									1	1		132	132
Children in expecially difficult circumstances			2800	2800													
HIV/AIDS			5050	5050													
TOTAL SF		1089	12250	13339									1	1		132	132
TOTAL GR & SF				24089				3	1		4	4	11	19	2452	3017	5469
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs																
	Staffing b/						2				2	3	13	18	529	4613	5142
GRAND TOTAL (GR + SF + ADM)							2	3	1		6	7	24	37			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1989)										2	6	7	15	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										6	7	24	37	N/A	N/A	N/A
	- At the end of proposed programme (1998) (Indicative only)										6	7	24	37	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; PSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.